

# Health History for Children, Youth, and Adults Attending Nature Camps, Inc.

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled in by parents/guardians of minors or by adults themselves.

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp \_\_\_\_\_ Male  Female   
*Last First Middle*

Home Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Address (if different from Child's) \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Address (if different from Child's) \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

If neither parent (above) is available, in Emergency, notify:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

## Insurance Information

Is the participant covered by family medical/hospital insurance? Yes  No

If so, indicate Carrier or Plan Name \_\_\_\_\_ Insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_

Address of Carrier \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

## Important! This box MUST be complete for attendance\*

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The person here-in described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, injections, anesthesia, or surgery for the person named above. This completed form may be photocopied for trips out of camp.

Signatures of Parents/Guardians or Adult Staffer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Names of Parents/Guardians \_\_\_\_\_

\* If for religious reasons you cannot sign this form, contact the camp for a legal waiver which must be signed for attendance.

## Health History

The following information must be filled in by the parent/guardian or adult staffer. The intent of this information is to provide Nature Camps, Inc. health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Nature Camps, Inc. health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES: List all known.	Describe reaction and management of the reaction
Medication Allergies (list)	
Food Allergies (list)	
Other Allergies (list) Include insect stings, etc.	

### Medications Being Taken

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep medications in original packaging/bottle that identifies the participant's name, prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.**

Med # 1 _____	Dosage _____	Specific times taken each day _____
Reason for taking _____		
Med # 2 _____	Dosage _____	Specific times taken each day _____
Reason for taking _____		
Attach additional pages for more medications.		

### Restrictions

The following restrictions apply to this individual.

**Dietary**    Does not eat eggs                       Does not eat dairy products                       Does not eat meat  
 Other \_\_\_\_\_

**Explain any restrictions to activity** (e.g. what cannot be done, what adaptations or limitations are necessary)

### General Health Questions (Explain "yes" answers below)

Has/does the participant:	Yes	No	Yes	No
1. Had any recent injury, illness, or infectious disease? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
2. Have a chronic or recurring illness/condition? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
3. Ever been hospitalized? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had problems with joints (e.g. knees, ankles, etc.)? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
4. Ever had surgery? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
5. Have frequent headaches? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (e.g. itching, rash, acne)? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
6. Ever had a head injury? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
7. Ever been knocked unconscious? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
8. Wear glasses, contacts, or protective eye wear? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
9. Ever had frequent ear infections? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
10. Ever passed out during or after exercise? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	24. Have problems with sleepwalking? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
11. Ever been dizzy during or after exercise? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	25. If female, have an abnormal menstrual history? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
12. Ever had seizures? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	26. Have a history of bed-wetting? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
13. Ever had chest pain during or after exercise? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	27. Ever had an eating disorder? . . . . .	<input type="checkbox"/> <input type="checkbox"/>
14. Ever had high blood pressure? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had emotional difficulties for which professional help was sought? . . . . .	<input type="checkbox"/> <input type="checkbox"/>

Please explain any "yes" answers, noting the number of the question:

**Provide information (not listed above) on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs. Use additional pages, if necessary.**

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### Immunization Information

Date of last tetanus (DTP) vaccination: \_\_\_\_\_

Is the Camper currently enrolled in a Maryland school, public or private?

Yes, Provide name of Maryland School: \_\_\_\_\_

No, Provide a copy of immunizations confirming the child has received all immunizations as required by the Maryland DHMH.

Is the camper exempt from any immunization on medical or religious grounds?

Yes, Provide a signed copy of the Maryland DHMH Immunization Certificate. See [http://edcp.org/pdf/896\\_form.pdf](http://edcp.org/pdf/896_form.pdf)

No

# Nature Camps, Inc.

At Nature Camps, Inc., health, safety, and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgement, and purposeful sound programming. Every Counselor is certified in CPR, Ropes Course Instruction, Life Guarding, Wilderness First Aid, and Canoeing. Experienced and certified Life Guards supervise at the pool. A camp Wilderness First Aid Coordinator is on the premises at all times, and within phone contact during all hikes and the Adventure Ropes Course. All activities are supervised by two counselors or more, with the staff to child ratio being 1:4. The child's safety and well-being is everyone's concern. As a policy of Nature Camps, Inc., we request that a Release of Liability Form be signed as a requirement to attend camp.

## Release of Liability and Assumptions of Risk



I represent that I am the parent or legal guardian of \_\_\_\_\_ (the "Participant") who desires to attend a camp and participate in activities sponsored by Nature Camps, Inc. ("Nature Camps"). In consideration for Nature Camps permitting the Participant to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release").

I acknowledge that participating in some of the activities sponsored by Nature Camps, including, but not limited to, canoeing, horseback riding, camping, hiking, swimming, bike trail riding, carving, traditional tool making, fishing, outdoor cooking, overnight backpacking, nature and acclimatization activities, pottery making, and using the ropes course, involve certain inherent risks, including the risk of death or serious personal injury. I agree on behalf of the Participant that the Participant shall assume all such risks, as well as any other risks involved in any activities sponsored by or involving Nature Camps. I also agree both personally, and on behalf of the Participant, to release and discharge Nature Camps and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to the Participant or me (the "Released Parties"), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from the Participant attending camp or being involved in any activity, occurrence, or event connected in any way to Nature Camps. This Release is intended to release and discharge the Released Parties from all damages, actions, claims, and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend Nature Camps from and against any loss, damage, liability, and expense, including costs and attorneys' fees, incurred by Nature Camps that is related to, or arises from, the Participant attending camp or being involved in any activity, occurrence, or event connected in any way to Nature Camps.

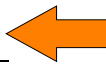
The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof I agree on behalf of the Participant and myself that any lawsuit brought against any Released Party shall be brought solely in the Circuit Court for Baltimore County, Maryland. I hereby voluntarily waive any right the Participant or I may have to a trial by jury in any action, proceeding, or litigation involving any Released Party. I further agree to pay any attorneys' fees incurred by Nature Camps if the Participant or I attempt to contest the validity of this Release.

At various times during the summer, staff, parents, and children may photograph and/or videotape children, staff, and families at Nature Camps. If you do not wish to have your child's image or likeness to appear in Nature Camps' publications or web site, you must notify the Director or Co-Director in writing prior to your child's first day at camp, and we will make every reasonable effort to honor your request. Please include an ID-type photo to assist us in this process.

**This release is a binding legal contract. Please read it carefully before signing.**

**NOTE: BOTH LEGAL GUARDIANS MUST SIGN BELOW.**

\_\_\_\_\_  
Signature of Parent/Guardian of Participant      Date



\_\_\_\_\_  
Signature of Parent/Guardian of Participant      Date

